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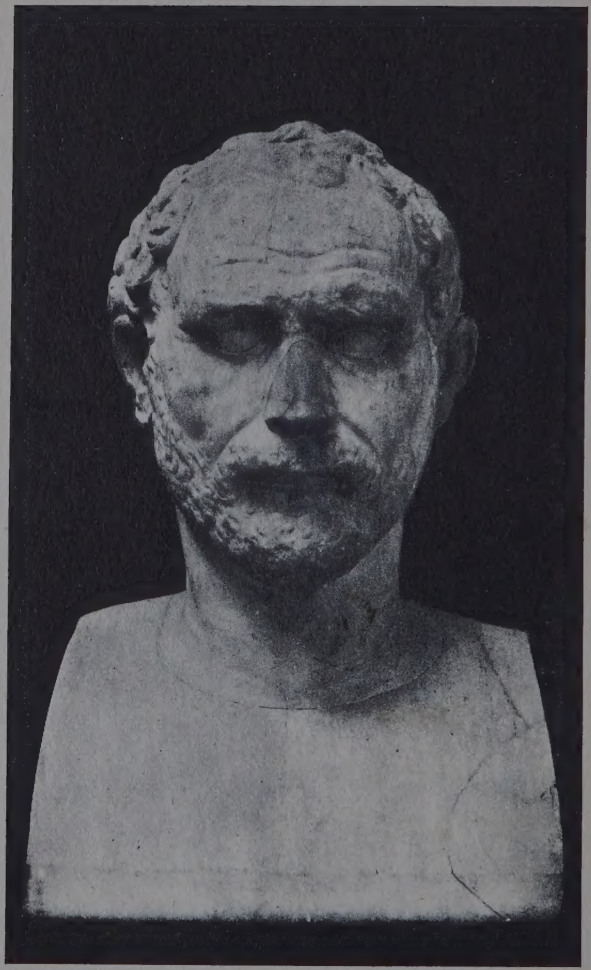

DEMOSTHENES

# STAMMERING

BY

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# INTRODUCTION

The outstanding contributions made by Miss Fogerty to the speech arts have been familiar to students of speech in both England and America for more than a quarter of a century. Her text on *Speaking of English Verse* has become indispensable to the teacher of speech and her classes at the Central School for Speech Training and Dramatic Art in London are a mecca for specialists in this field.

While training her pupils to speak English beautifully and expressively, she has come in contact with many persons having marked imperfections of speech. In this volume she has set down many of her experiences in assisting these people to overcome their speech difficulties.

In spite of the fact that stammering has been a subject for discussion by physicians and scientists for more than two thousand years, it still presents many unsolved problems. At present the correction of the puzzling affliction is the co-operative enterprise of the physician, psychiatrist, neurologist, and speech teacher. Miss Fogerty has given us here some excellent suggestions for aiding the teacher of speech in successfully coping with this phase of the problem.

My experience in speech clinics with techniques similar to those described by Miss Fogerty has demonstrated to me their great value in setting up better speech habits in the stutterer. Her description of the procedure advocated is simple and clear enough to be understood by the layman as well as by the specialists in speech. The need for such a volume which can be placed in the hands of the mother or classroom teacher who has had little or no training in speech, has been a very real one for many years. Miss Fogerty has met this need in her text on stammering.

Often unwisely selected speech drills have done

more harm than good in eradicating the stammering. This fact, however, does not set up a case against the drill method for improving speech, but places upon us the obligation for very careful discrimination in the selection of the procedure to be adopted. Miss Fogerty's suggestions, given in this volume, describe techniques which have proven their usefulness and can be safely recommended to the stammerer.

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# STAMMERING

## SECTION I

## THE DEVELOPMENT OF STAMMERING IN THE CHILD

STAMMERING is a nervous trouble. It varies in intensity from a slight tendency to "stick" for a moment on certain letters and words, to a convulsive inability to speak which affects almost the whole body. There are many such nervous troubles which affect different functions. In general it will be found that there is some slight physical cause which determines the direction of the nervous breakdown; but this is not the true cause of the stammer, although everything that helps to weaken the patient's power of control is of the very first importance.

Some general explanations which are advanced for the development of stammering in young children will first be given, followed by illustrations of definite "cases"—sometimes exact in every individual detail, sometimes combined from two or three individuals.

Dr. Adler, of Vienna, gives us a list of three principal conditions found in the majority of young children who stammer.

(1) A large number of cases arise among definitely delicate children, particularly those who suffer from rather humiliating forms of illness which prevent them from being good at games or lessons, or popular among their playmates. This results in a sense of inferiority, bringing about a timid approach to every stranger.

(2) A second class of stammerer we find among children who have been treated with conscious or unconscious cruelty. For instance, children who have been checked every time they have spoken and told to hold their tongues; children who have been really shocked or terrified by the sight of violent temper in father or mother, and whose world has been upset by quarrelling and dissension between parents; children who have an elder brother or sister much more clever or better-looking than themselves, who constantly bullies them or unconsciously makes them feel at a disadvantage. This is often due to a nurse's ill-judged criticism, "Look how nicely Master John does it". Here again there is timidity and dislike of meeting strangers, but with a difference. The first signs of a definite difficulty in speech are welcome. Every failure as the child grows is put down to the fact that he is "a stammerer", and, of course, nothing that goes wrong is his fault any more. So the stammer may become not a humiliation, but a "defence", accounting to its possessor for every failure due to his own lack of energy.

(3) A large number of children stammer as a result of what is generally called "spoiling"—over-indulgence in temper, or hysteria in crying; lack of obedience to his own will or to that of others; the desire to attract extra attention; or, on the other hand, self-consciousness set up by being always in the centre of the picture; made to show off in front of strangers; perpetually required to justify the boasting of a vain and very ambitious mother. This mere over-concentration of grown-up attention on a little child makes it restless and self-conscious like any other little animal. That kind of constant correction which is really a vain desire to make the child perfection, comes under this heading. It is this type of surrounding which accounts for the fact that so very large a proportion of stammerers are "only boys". A marked case is that of a very delicate little fellow, an only child, whose mother had been told by her doctor not to allow the child to scream. The advice was, of course, intended to teach the mother to distract the child's attention from his troubles and to give him self-control very gradually. She interpreted it to mean that the child was never to be crossed in any way, and that directly he showed signs of annoyance he was to be given anything he wished for, so that he should not cry. At four he was entirely incapable of continuous play, as restless as a lizard, and when anything surprised or annoyed him, he flung himself into screaming fits in which

he spat and yelled like a little wild animal. He had a profound stammer on almost every word when he tried to speak, and this annoyed him, so he resented any attempt to help him to speak better.

It must be clearly understood that every one of these conditions may be borne with impunity by that sturdy, thick-skinned, healthy mortal—"the average child"—except, perhaps, the third, which will make him an overbearing young monster; but where they are present almost from birth in a child of unstable mental, nervous, and physical balance—a child that is derived from a stock where vitality runs to nerves rather than to muscles or healthy growth—you get the conditions which predispose to a stammer. Here again it is necessary to insist how differently the same causes affect different people. The only child may be a horrid "infant prodigy" "like my lady's eldest son, ever more tattling", instead of an unhappy, nervous stammerer, or he may be a particularly fine specimen—physically and intellectually.

The actual beginning of the trouble is very difficult to determine. Almost all children hesitate breathlessly when they are excited, because they are not yet expert speakers. Like the unpractised orator speaking in public for the first time, who invokes the great god "Er" after every second word, they cannot find their words quickly when they are eager. The precise moment at which the child becomes conscious of this difficulty and feels that there is some

sound which he *cannot* make is the real onset of true stammering. Even this may persist for a few weeks or months and disappear, but very often something happens to make the feeling stronger.

## Fear

The most disturbing and dreadful thing in a young child's world is fear. The fear of a wild animal startled at every strange thing, the fear of a pampered little pet who knows he cannot help himself in the world, the fear of a small whipped cur, the fear of a very humble self-critical mind. All these work tragically in childhood. There is a healthy fear which is part of our power of self-preservation, but a fear which makes us afraid to do what others are doing cheerfully and easily is a contradiction of the second of our great natural instincts, the herd instinct, and it is this which affects the nervous, unstable child. Fear is completely changed, intensified, and made dangerous, by the thing we call a shock. In certain insects and animals a very great fear will suddenly produce all the outward signs of death—the creature saves its life instinctively by shamming dead. Something like this happens in the case of great shock to our minds and to our self-consciousness. We are "paralysed", "unconscious", "absolutely dazed". If the shock is accompanied by physical injury, for a moment we feel neither pain

nor great fear, but our very body seems deprived of vitality. Familiar instances will be found in the after-effects of burning, a severe falling accident, a risk of drowning, shell-shock. After the shock our powers gradually return, generally with a great deal of suffering. We do not want to exercise them, we do not want to remember anything about that dreadful moment when we lost the hope of safety. All of us are familiar with that story of the wicked shutting of a child into a black cupboard as a punishment, sometimes with the added horror that he was forgotten there and was "afraid to cry out". Generally the story ended in a tone of horror and with baited breath: "He was an idiot ever after." We know now that this is most unlikely, but the child was deprived of speech like our shell-shocked men in the war, and like the poor babies of South London after some of the air raids. The men generally recovered spontaneously, the children practically never did. They had to be what is called "re-educated", that is, taught to speak again, and unless this was done very carefully they very often became stammerers. I will explain later why the tendency to stammer occurs when a child is made conscious of an action which he had done unconsciously at an earlier stage in his growth.

With the possible exception of air raids, none of the ordinary shocks supposed to have brought about stammering in different cases are in themselves

sufficient to account for so serious a nervous breakdown. For example, fear of fire, attack by a dog or other animal, risk of drowning, or a painful accident, will all be set down as causing shock. A case can be cited of an only child rather seriously injured by trying to stop a garden-roller with his foot, afterwards seriously frightened through being knocked down by a savage retriever, then, while suffering from whooping-cough, being left alone with a frightened maid in a burning hotel, and finally at eighteen going through the whole experience of being drowned in a lake. The roller episode produced nothing but great enjoyment of the toys and games which cheered convalescence; the retriever scare did nothing to modify the most absurdly fearless friendliness to every kind of dog and an extraordinary capacity for taming the most savage ones and rendering them obedient. It produced one instance of a very vivid fear-dream many years later at a time of great sorrow over trouble between father and mother, but so far as can be known, this was never repeated. The hotel fire brought a short period of definite night terrors associated with the most severe spasm of whooping-cough—a dream of fire persisted for some time, but a casual statement that it was a very "lucky" dream which meant good news dissipated all attendant sense of terror in connection with it. The drowning escape produced about eighteen months of ill-health from general anæmia

—perhaps not directly traceable to the accident at all—and one recorded instance of a dream of drowning which ended quite cheerfully. Never at any time was there the slightest outward betrayal of these anxieties, nor did they result in any nervous disturbance or instability of control. The subject was a speaker of remarkable excellence and rather well known as a dramatic artist.

It must therefore again be made clear that all these predisposing causes are contributory causes only. Less than one per cent. of English children stammer —the proportion is higher north of the Tweed and rises to about four per cent. in the Jewish community.

Perhaps, on the whole, instability of parental discipline, over-sternness coupled with foolish indulgence, is the condition most likely to predispose a child to stammer—particularly where the two factors are represented in the opposing personalities of father and mother.

Case I.—A child's reaction to mental distress in parents is shown by the case of a clever boy whose mother, at the period of training, was in a mental hospital. She had been for some time at home with the child, in a very distressing state. He had developed a stammer at the age of six. His training began at nine years old when he was living with an aunt, who allowed him to run very wild. Relieved from the pressure of actual anxiety, he was cured

within three terms, but asked to be allowed to stay on for another before he was discharged, because he so liked the work.

## The Faculty of Speech

It now becomes necessary to make plain why these causes of general nervous instability definitely affect the faculty of speech.

To sum up very briefly, there are two elements in speech—the thing we want to say, and the audible movements by means of which we utter it. Between these lies the series of memories which we call words, vocabulary, or language. The speaker has an impulse which makes him wish to speak, generally he sees or hears something; he sees a friend and hurries up to speak to him; he sees something interesting in the newspaper and wants to read it aloud; he sees a lovely flower and wants to express his admiration; he hears a question and answers it; he hears the sound of a bird singing and wishes to express his pleasure in the song; he hears an argument and wishes to reply to it. The inward flow of sight or of sound travels to the higher part of the brain, gathering on its way sight-pictures or the memory of words. Then there flows out again the impulse to speak, accompanied by the memory of muscular movement which created words. The centres which control breath, voice, vowel, and con-

sonant sounds in words, all come into play and the sentence is uttered. We have spoken.

It took us about three years to learn to do this, practising hard every day. First we enjoyed making movements that produced a good loud noise, then we liked mimicking the movements we saw and heard other people make. Then we found that these movements and sounds were connected with things, and we began using them to show that we were thinking about the things, or to show that we wanted something, or loved the people who belonged to those sounds. After a long time we learned enough of these words to be able to ask for things, and to answer or question people, but not yet to express our real thoughts and feelings. This we usually did by laughing or crying. Presently our thoughts became much more complicated and we began to learn new thoughts, chiefly by learning new words, till at last we could not tell whether we did or did not think in words. When we had a lot to say and very few words, we constantly stopped and repeated the same word or got muddled and could only make noises.

Now suppose for a moment that we had a difficulty in making certain sounds. If you will look at the bust of the great Greek orator, Demosthenes, you will see that his upper teeth stick out a long way above his lower teeth, so that when he shuts his mouth his upper teeth come right down over the lower lip. Put your mouth into this position and try

and say "I see what you mean". You will find you say something like, "I fee fot you mean". That is what we call a "lisp". Now, in a country where people spoke very beautifully, the fact that a child spoke as badly as that would make him feel very much ashamed of himself; and if he was also ugly and almost deformed in figure in a country where beauty was a religion, he would be very full of a sense of his own failure. A weak person would sit down and do nothing; a strong person would choose the one thing everyone told him he could not possibly do and work until he did that better than anyone else. That is what Demosthenes did—he determined to become a great speaker. His nervousness about speech had made his voice small and feeble, so he went down, we are told, to the seashore and called out loud answers to the angry sea, striding up and down the shore, flinging back his head and trying to make himself as tall as possible. Of course, this strengthened his nerves, made him breathe more deeply, and feel more vigorous. As his voice grew stronger the mistakes in his articulation grew less noticeable, but still his tongue and his lip kept getting sucked up into that big upper jaw. He had been told so often how badly he sounded one particular letter that whenever he came to it he could think of nothing else, and always felt, "Now that will be wrong". The dreadful feeling, "I can't, I can't, I can't", came back before every letter

on which he had stammered—that is to say, on every letter he thought about—and these he repeated without being able to get on to the next vowel sound. So, casting about for a means of improving himself, he imagined that the cause of all his trouble was his tongue, which insisted on jumping up into the roof of his mouth and sticking there when he was trying to make a letter about which he was afraid. Of course, all stammerers don't do this, but they all do something funny, and this was what Demosthenes did. So one day he picked up a little stone and put it under his tongue. Then, of course, he couldn't think about the difficult letter because he had to keep thinking that he must not swallow the stone. Directly he began to tighten up his tongue into the roof of his mouth, instinct obliged him to bring it down again for fear of swallowing the stone. In this way he found out for himself not only the best kind of practice to do in order to improve speech, but the value of what is called "suggestion"—the thing every mother does when she stops her baby crying by telling him to look at something pretty, or something he likes, in a direction quite removed from the thing he is crying about. The pebble did not do Demosthenes the slightest real good. The breathing practice did him a lot of good, so did the good air on the seashore, and the strong rhythm of his own body and of the waves, and so did the effort to make a great musical voice—for no stammerer ever stammers when he

sings—but he himself thought the little pebble had done him most good of all because it was so uncomfortable, and even dangerous for a stammerer, that it took up all his attention and prevented him from thinking about his tongue and the hesitation of his speech.

This old story, handed down to us from over two thousand years ago, will help you to understand how a stammerer looks at his impediment.

Generally, as in this case, some difficulty in actual speech exists.

Case II.—A very intelligent little girl, not particularly nervous, but very self-controlled and sensible, had a difficulty in learning to speak. She talked baby language a great deal too late. When people tried to teach her to count she would say two or three words rightly and then wander off into sounds like "itten" for "three", "knock" for "eight", "ottle" for "eleven". She was not at all afraid to speak—in fact, she was a real chatterbox, telling long stories of which most people could not understand a word. There was a sister a few years older who spoke particularly well, and she began constantly correcting and pulling up her junior and telling her it was silly to talk like that. Also her mother was becoming slowly deaf, and the child's speech bothered her so that she became very irritable, and little "A" was constantly told that she was a "naughty, careless little girl to speak so badly". Yet, so far as "A" her-

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self knew, she was trying hard to do exactly what the other people were doing, but the sound would not come right. She became rather solitary and liked to play about and talk to herself. Then, quite suddenly, a younger sister died, causing her a great shock, but not being good at expressing herself she showed very little feeling and was sometimes told that she was a "heartless, careless little girl". Within a few weeks a stammer developed, due probably to the child's effort to notice words she found difficult and to think of them before speaking. As years went on this case was practically cured and the speaker became a very clever actress and a teacher helping other stammerers. Then she married and had a little daughter very like herself in body and in mind, and when "A2" began to talk she too talked this funny nonsensical baby-talk without one word properly pronounced. But, instead of correcting her, there were delightful games to play in which words were sung, little poems were spoken, jingles and nursery rhymes were acted and played in dumb show. Once the aunt came to stay and said, "Why, she talks just the way you did when you were tiny", and began correcting and insisting, "Say it again, dear, say it again". She had to be told that she must never do that, and must never make the child conscious of her letters and words. "A2" now speaks particularly well and has never stammered, but sternly admonishes a baby brother and makes

him play the word-games she likes. This case should probably be described medically as one of slight functional aphasia leading to a stammer.

Sometimes, as in the case of Demosthenes, a badly shaped mouth makes all speaking difficult, and then careless, nagging correction will set up a stammer; but every child has a badly shaped *speaking* mouth for at least some months, if not for a couple of years, at the time of second dentition—sometimes the whole period from six to eight years old. It is very difficult for old people to learn to speak properly with their new false teeth, but every little child has to learn something much more difficult. It has to speak for about two years with teeth which are getting loose and coming out, and with new teeth of a different size coming at all sorts of unexpected angles. Sometimes there is a gap for nearly a year through which his tongue goes every time he tries to speak, so that he says, "Thing a thong of thikenth", instead of, "Sing a song of sixpence". Just at this age, too, children go seriously to school for the first time and somebody tries to teach them to read a book quickly and steadily, not just to pick out words and guess the rest. Quite often the school work leads to a little eye-strain, which is enough to produce a nervous state in a young child. If there is very great difficulty in articulation at the same time, the child may begin to feel the curious fear of certain letters over which

he has stuck once or twice from quite natural causes. Then the letter will refuse to go into the proper flow of the word. We will suppose the letter to be "c" in "Cat". Look carefully and you will find that you hear the sound just *after* clicking your tongue in the middle of the roof of your mouth. The child will try so hard that the tongue stays against the roof of the mouth and no sound is produced. When the effort slackens a very hard, sharp "k" comes out with no vowel to follow it, something like this, "k . . . k . . . k . . . ka . . . t", and finally the word "cat". Not until he has managed to squeeze out the following vowel does the child feel he has been sounding a "k" at all. He will tell you quite quickly, "I can't say 'k' ", although, without noticing it, he has said one in the word "can't". The proper medical name for this form of stammering is a "fear obsession". It is impossible for any ordinary person to realise how quickly the horrid little fear darts in in front of some particular letter. If the patient takes the letter and practises it hard by himself, he will find that nine times out of ten he can say it perfectly, but that will not help a bit. If, next day, he wants to tell you that the name of a flower is a "camelia", the awful sense of not being able to form this letter will return and he may be thirty seconds trying to make a sound of any kind, or to stop saying "it's a k . . . k . . . k" and get on the vowel sound "amelia".

Case III.—A boy walking by a canal saw a little child younger than himself drowning. Though he could not swim he pluckily scrambled in and succeeded in pulling out and saving the child. As he was breathless from the cold and water and from great agitation, bystanders told him to run home as fast as he could and get changed. He ran some considerable distance to his home, coming in breathless and almost unable to speak. He was at first scolded and was hustled out of his clothes without having time to explain. Between breathlessness and agitation he began to stammer badly. For a few days he was ill from shock and chill, and though the story was now known and he was very much praised for his courage and skill, every time he tried to describe what had happened the stammer returned, and from this time he became a recognised stammerer. This seems an authentic case of sudden shock, but it is just one of those cases where it is difficult to get complete details, and, though the family deny it, one cannot be quite certain the boy had never previously stammered. The case proved rather a difficult one to cure, but finally the stammer disappeared from all ordinary speech.

There is one special difficulty which is always present to the stammerer—he has lost the power of automatically controlling the movements which join breath to speech.

Among the predisposing causes of stammering in

nervous children, there can be no doubt that the strongest is feeble or irregular action in the floor of the chest, even during the breathing of repose. In early investigations, some three hundred cases were X-rayed at intervals of time in two of the London hospitals. In no case was the floor of the chest in repose moving quite as it ought to do. Sometimes it was quite on one side, even when the patient was lying down and at rest; always it moved upwards very jerkily, and sometimes trembled continuously before the effort to speak. It is not easy to explain to people who know nothing about anatomy just how breath connects itself with speech, but the following notes may make the matter clear enough for the present.

When we make the walls of the chest larger by lifting the ribs in their curious bucket-handle movement and letting the floor of the chest move quietly downwards as its muscular fibres contract, the space inside the chest grows bigger and immediately more air runs in through the nose and mouth. Directly the chest is comfortably filled, the elastic walls of the chest swing back and sink in, the floor of the chest relaxes and rises and the air comes out again. We can make bigger efforts if we are running fast, and use the top of the chest; or we can do with very little air indeed, as when we are asleep, and then the floor of the chest does almost all the work. In the throat there are two little bands which draw

together over the top of the air-tube through which all the air we breathe must pass. We leave them loose and open when we draw in air and it makes no sound at all, but if we draw them together while the air is coming out we get a clear musical note from the vibration they give under the stress of the air. No one has ever heard this note by itself, but as soon as it is made it wakens a much bigger sound in the neck, throat, mouth, and nose, and produces what we call a vowel. A vowel is simply a note with the resonance of these hollow places added to it, and the resonance always sounds like a vowel. The action of the little bands determines whether the note shall be high or low, how long it is to go on, and whether it is to be strong or weak, but the hollow places do all the rest. Just as in a violin it is the vibrating string which determines the note, whether it is high or low, how long it lasts, and whether it is loud or soft; but the beauty of the sound is determined by the proportion and shape of the wooden case and by the perfect wood of which that case is made. As we want our words not only to make a beautiful sound but to mean something, we divide up our vowels with sounds we call consonants—some of them without any voice in them at all. In the word "strong", for instance, the first sound comes from the breath hurrying through the teeth, the second from the tongue clicking against the teeth, and neither of these has any voice in it at

all. They are like the sound we make when we snap our fingers together—just a soft click. Then comes the voice, swelling out in the particular shape which turns the note into the vowel ŏ with the lips just rounded and the tongue low; but before we cut the voice off we lift the back of the tongue. Immediately the voice is sent up for a moment to the back of the nose and we get the sound which we write "n", and then we let the tongue come back with a very soft click and we have finished the word "strong" with something which is not quite a "g". If we had been brought up in the Midlands we should make that click a little stiffly and clumsily, and the result would be something like "strongk", a difficult sound to join on to other words and rather harsh in itself.

Now during all these sounds the breath is flowing out: through the teeth for "s"; with a little explosion between the tongue and teeth for "tr"; smoothly and full of voice for "ŏ" and "n"; and with another little explosion for the final sound of the word. The floor of the chest should be gently rising all the time, making the pressure of the outgoing air, like a washer regulating the outflow of water in a tap. If you will try, you will find that you can make the "s" sound both breathing in and breathing out, but all the others only when you are breathing out.

Imagine now that you are ready to speak. You will send a current of air steadily out from your chest

by the rising of the floor of the chest. To steady it keep the ribs out as much as possible. We can feel this by putting a hand just at the waist and very, very gently drawing in the muscles under it, letting them come out again every time we finish a sentence. We sometimes call this the "press", though it is not a very good name because it suggests too much force. You will see an account of this in Exercise IV. But the stammerer, with his irregular movement, cannot get the floor of the chest to start working. It misses the beat and we can feel the great muscle moving in little jerks without producing a sound, or producing only a single sound over and over again—generally the initial of a word or syllable. It is no good going on, though the stammerer will generally not believe this. He has missed his stroke and he must stop—breathe in—and begin again. The difficulty always is to "turn on" the voice. So, while the stammerer thinks he is sticking at the "k" in "cat", the trouble is really he cannot *let go* that sound, and bring out the voice on the vowel "ă". If the mistake were simply a bad habit, like lisping, it would be quite easy to cure. We must never worry a lisper or any other bad speaker by correcting the sounds he says wrongly in actual speech. We must find out very carefully what movement is wrong. Generally the movement is wrong all through his speech, but it only shows in the letter which absolutely cannot be made in that position.

What we do is to correct, for example, the tongue position all through, so that every sound without exception gets the proper tongue position when the ear asks for it. Correcting words too much is a good way of causing a stammer. See Exercise IX.

So far as we can tell at present, the breathing difficulty is as near as we can get to a direct cause for stammering. It is much more marked in stammering than in anything else. It is not merely felt at the time of stammering, but is a nervous trouble all through the patient's breathing, even in repose. The convulsion it produces is the one thing which no non-stammerer can possibly imitate, and the stammerer has no direct control over it whatever.

Some stammerers form all their words well at one time or other, have good voices, and sing quite pleasantly, but always there is a weakness in the actual breathing-out movement. It is therefore clear that practice in perfect breath control must be the first work given to a stammerer. See seven rules, page 53.

There is one class of defect which has been very much linked with stammering, and that is left-handedness. There is an undoubted connection between these two things, though it is not quite what has been suggested. Speaking at the International Conference on Speech, 1927, Dr. Millais Culpin recalled the story from the Book of Judges

of left-handed Ehud, who slew Eglon, and also of the seven hundred left-handed men of the children of Benjamin who could sling a stone within a hair's breadth. A left-handed bowler is very useful; a left-handed fencer is the most dangerous opponent to meet. This is partly because they face us at an angle we are not used to, but also because the left-hander is a person of great strength of character and rather inclined to rebel against authority. Here is Dr. Culpin's view of the matter: "The left-hander, then, is a rebel against authority. Let us try to imagine how that arises. The child is eminently a reasonable person. At a certain stage Tommy's mother says to him, 'No, not that hand, Tommy. Use the other.' Tommy, being a reasonable lad, wonders why, and he sees no reason on earth for it. There *is* no reason except authority. He shows his disapproval of authority, not by putting up a fight, crying, or kicking, but by calmly going his own road and using the knife in his left hand, and so the habit is established and remains as a symbol of a rebellion. If, later on, you ask Tommy, who is left-handed and upon whom efforts have been made to compel right-handedness, how he felt when those efforts were made, you will invariably get some such answer as 'I felt it an insult; I felt wild', but if the efforts succeed, then your manifestation of rebellion or original sin is crushed and must find an outlet in another way, and resentment and expostulation find

symbolic expression, not in the left-handedness, but in the stammer."

Let us now imagine how this works in the case of a stammerer. He is first bothered about his left hand when he comes to learn to write, or, in the case of a girl, to learn to sew. The child has already gained a great many movements of the hand and practised them up to the point when they become "automatic". It is important to know what this word "automatic" means. It means first an action which we cannot prevent ourselves from doing. For instance, when the light strikes the pupil of our eye, it "automatically" contracts; our heart, once started, goes on beating automatically while we live. On the other hand, though our breathing is largely automatic, we can stop it for a moment, or hurry it, or increase its power. When we wish to make a sound, our ear forms a sound image and automatically we make the right note; but we shall not do this unless we hear the sound properly. Some people cannot hear the difference between one note and another. As we say, they do not know "God Save the King" from "Pop Goes the Weasel". These people it is almost impossible to cure, but a great number of people hear the note rightly and can hear that they themselves are singing it wrongly. These we can teach to make their nerves obey their ear by practice. The first class, a very small one, is really tone-deaf, just as some people are colour-blind.

So automatic action is sometimes only the result of practice. Notice the next time you are eating your dinner—you will find that as you put your fork into a piece of food and raise it, the mouth begins to open automatically because you have practised that set of movements so often together while you were learning to eat. A child of six or seven who is left-handed has already learned to be "automatic" in feeding himself, in opening doors, in dressing himself, in taking things and giving them back, in brushing his teeth, in lifting a cup to his lips, and in a hundred other movements too numerous to mention. All this has become "automatic", and all these movements, instead of coming from the same telegraph station in the brain as the movements of speech, probably are coming from the opposite telegraph station—from the right, instead of from the left, centre. Now he is called upon to make all these movements conscious again. You will watch him fumbling with his knife and dropping it, holding his pencil with a dreadful amount of effort, changing hands every time he goes up to a door. He has no unconscious necessity compelling him to change from left to right. A man who has lost his right arm has an unconscious necessity compelling him to try to use the left, but the left-hander has to remind himself every time. He has to make his movements conscious, and it fusses and tires him. Quite often the movements of speech seem to become conscious

too, and he gets the fear of not doing them rightly. Then a stammer begins. It is the consonants he notices, and, just as a true stammerer will fumble in passing at football, so a left-hander, fumblingly learning to move his hands all over again, will begin to stick and stammer with his words. This is as far as we can get in explaining the left-handed stammerer at present. Quite a small proportion of left-handers stammer, and quite a small proportion of stammerers are left-handed, but those are people who have been roughly hurried back into using the right hand, not taught new movements carefully with the right hand for the first time and then left alone to choose which movements they will do with the right and which with the left hand.[1]

Finally we need to remember that everybody learns to speak unconsciously, by imitating the people who surround him. So he gets the "accent" of the town he lives in, and the peculiarities of father, mother, brothers, and sisters—a "family way" of speaking. How often we say, "Oh, I thought it was your mother speaking, your voices are so alike". We must be quite clear about this. We do not inherit things which each generation must learn to do for itself,[2] but we do inherit a certain general

[1] There is some reason to think that certain persons are congenitally left-handed, but the question is too obscure to be treated here.

[2] There is no direct inheritance of acquired characteristics.

likeness of physical make-up and of instinctive action —what we call character. We do not inherit from two parents only, but certain things only from an elder generation and certain others only in the female line, and it is always very difficult to determine whether such things as bearing, physical vigour, walk, skill in games, etc., are the result of very early imitation and desire to imitate, or a natural inherited gift.

Stammering affects speech during the period when we are first learning it by imitating those who surround us. Some forms of speech we deliberately try to imitate—a little boy will learn to talk about ridin', gallopin,' trottin', because he thinks it fine to talk about horses like the men in the stable—but there are other forms of speech which we imitate without having the least idea that we are doing so, because they are unconscious. We imitate them by ear, instinctively. These are the deeper parts of speech, breath control, pitch, and vowel shaping. Like so many other things, we imitate them perfectly so long as we do not think about what we are doing, so long as we are unconscious and not afraid of making a mistake. A little child will skate almost at once after watching grown-up people because, with his lithe active body and light weight, he is not a bit afraid of tumbling down, and just scuffles along, imitating others without thinking about it.

Suppose a child sees a mistake in some action constantly made through habit. He will mimic that

mistake as unconsciously as he mimics the rest of the action, and if you speak to him about it he may either decide that he means to go on doing it because he thinks it rather grand, or he may be a little bothered by discovering that an action can be done in a right and a wrong way. He may fumble and do it sometimes one way and sometimes another. A child hears a stammer for the first time from some new companions. Perhaps he even feels it a little fine to stammer, "different" from other people's speech, or perhaps he feels "what a horrid thing, I hope I shan't begin doing that". Perhaps he is merely bothered and made nervous when he is with that person, and, wanting so much not to imitate, finds himself beginning to do so—as children, without meaning to be unkind, will stare hard at a deformed person just because they are anxious not to hurt the sufferer's feelings.

Any of these causes will set up the nervous condition in which the child loses automatic good speech and begins to stammer. A nervous child has a habit of making faces. Somebody says to him, "If you do that you won't be able to stop". Suddenly he feels "It's true, I can't stop", and develops some kind of "blinking tick". A child copies a stammering friend for fun or in mockery. Somebody says "If you do that you will begin stammering too", and suddenly he feels it is true, and finds himself really stammering. How suddenly this feeling, "I can't", will come over us can be illustrated by other things than stammering.

We may have been in the habit of jumping over an obstacle, say a tennis-net. Perhaps we have done it every day on our way to school. Suddenly one day the net looks a little higher than usual, perhaps it has been raining and it actually *is* a little higher, perhaps it is only we who are a little out of sorts and not feeling fit for a good physical movement—you know what "fitness" means in games like tennis and billiards. As we run up to the net we think, "I cannot possibly lift my two feet off the ground at the same moment and put them down on the other side of that net". Of course, no one on earth could possibly do such a thing. We never think of it when we actually jump, we only think about throwing ourselves over the obstacle, and over we go. What we have lost in thinking about our feet is concentration on our intention and action. Thus, "Keep your eye on the ball" is the golfer's great maxim. If we turn our eyes to see where we have swung our club, or look about at the green, or try to watch our wrists and see if we are finishing our swing properly, we shall find the ball peaceably sitting on the tee after we have finished what we consider to be a stroke. The stammerer misses his stroke every time he speaks, because he worries about the production of sounds and letters which ought to follow automatically on his mere intention to speak. The non-stammerer merely intends to speak, the stammerer looks for every one of the letters on which he thinks

he is going to stick and is afraid of them. A telegraphist tapping out a message is afraid she will not manage the movements for one letter, and on that letter she develops "telegraphist's cramp".

The following questionnaire illustrates the questions it is necessary to clear up when dealing with a case of stammering. Each point has been referred to in this opening study. No case will have information to give on every point, but no proper system of treatment can be worked out until we know along which path the patient has come before we meet him. Some questions are, of course, intended only for parents or teachers who bring a child for treatment; others only for the grown-up patient troubled with this infirmity, but under all of them may be found the predisposing causes or particular symptoms about which we require knowledge in treating a case. They make it clear how absurd it is to talk of one "cause" or "cure" for all cases of stammering alike.

1. What is the patient's present age and occupation?
2. How many brothers and sisters has he, and where does he himself come in the family?
3. Has the patient suffered from any serious illness in childhood? The following are specially important: convulsions, infantile paralysis, diphtheria, whooping-cough, night terrors, adenoids, tonsils, appendix operation.
4. Give the age at period of any definite illness or prolonged period of ill health.
5. Was growth steady and normal during childhood?
6. Was first dentition normal and regular?
7. At what age did second dentition take place, and did it present any peculiarities?

8. Has the patient ever worn a plate to correct his bite?
9. If so, what was the nature of the fault to be corrected?
10. Is the patient's dentition now good?
11. Apart from stammering, has the patient any bad fault in speech such as lisping and general indistinctness?
12. Was there any tendency to rickets or to nervous twitching movements?
13. Is this the first stammer you know of in your family?
14. Have there been any cases of asthma among near relations of the patient?
15. Have the patient's home conditions been disturbed by any great anxiety or unhappiness? If so, state its nature.
16. Are both parents alive, and is the child living with them?
17. At what age was the habit of stammering first noticed?
18. Did it seem to follow on any marked shock or accidental injury, however slight?
19. Had the child previously spoken well?
20. Was he a late or an early speaker?
21. At what age did he learn to read, and was an increase in the stammering at all connected with this period?
22. Did the stammer first show itself at home or in school?
23. Does he constantly worry about special words or letters in stammering?
24. Is the patient generally shy?
25. Is he made unhappy by his stammer or does he seem almost indifferent to it?
26. Is the patient easily alarmed by new acquaintances or persons in authority?
27. Does he stammer most with
    (*a*) his own family
    (*b*) strangers
    (*c*) business companions
    (*d*) persons of the opposite sex?
28. Is his speech at any time completely free from hesitation either in
    (*a*) daily conversation
    (*b*) reading aloud
    (*c*) prepared speaking
    (*d*) recitation
    (*e*) acting?

29. Has he a musical ear?
30. Is he at all fond of singing?
31. What profession does he personally wish to adopt?
32. Does the patient sleep well?
33. Is he troubled with dreams, and if so, do these dreams recur regularly?
34. What games does he play?
35. In these games does he show any marked failure in (*a*) power, (*b*) accuracy?
36. In breathing please note the following points:
    (*a*) Is the chest expansion normally acquired by raising the chest towards the shoulders or by increasing the size of the base of the chest?
    (*b*) Breathe out a long, slow breath and note if the sound is smooth or broken in little jerks.
    (*c*) Is there any forward movement of the lower part of the chest just at (*a*) the natural waist, (*b*) below the natural waist, during respiration?
37. Does the patient ever feel a slight convulsive movement at point (*a*) when trying to speak?
38. In talking, does the patient try to speak on an inward or an outward current of breath?
39. Is the stammer accompanied by any convulsive movement of limbs or face?
40. Does the stammerer remain silent or repeat one letter many times before getting on to the next sound? (Please do not mention any particular letters.)
41. Have the patient's eyes ever been tested, and does he wear glasses?
42. If so, give the nature of the visual error.
43. Has the patient or any of his near relatives suffered from a squint?
44. In childhood was the patient left-handed?
45. If so, was any effort made to cure the fault, and with what result?
46. Are any members of the patient's family left-handed?

## SECTION II

## CURATIVE WORK FOR YOUNG CHILDREN

When a child suffers from a lisp or tongue-tie, he will make the same mistakes invariably on the same sound. He should be educated or trained by careful repetition to make these sounds properly. But the stammerer sometimes sticks on one letter, sometimes on another, and sometimes not at all. Let him go and play in a room by himself and he will probably talk without any difficulty to himself. So, too, in acting or reciting. What we have to do then is not to re-educate the child in speech, but to take away the difficulties which prevent him from using his power of speech. The one failure which is constant is that of breathing, therefore good normal breathing practice may be the foundation for the training of the stammerer.

### Exercise I

Place the child lying down with the head on a small cushion, gently stroke the eyes and chin till they relax and lie quite at rest; very softly lift one hand and teach the child to relax it completely so that it drops softly the moment *you* let go; touch the knees softly till they fall slightly apart and quite loose; go on until the whole body is lying as if it were floating in water with no strain of any kind. While you are doing this, talk gently to the child in a very soft voice, either telling him some little story or asking

him to let everything go loose, or to think of some one pleasant colour like a deep-blue sky, or to pretend he is going to sleep. As soon as you see that the whole body is really limp, stop talking for about one minute, then touch the side of the chest very lightly with your fingers and say very steadily, "breathe in, breathe out", in a very slow, sing-song voice, taking about eight seconds for each sentence, and gently pressing the chest while you say "breathe out" and lifting your hand away while you say "breathe in". Continue this for about two minutes, then help the child to sit up, first folding both arms round the raised knees and resting his head on his arms for about three seconds; then, one hand on the ground, jumping to his feet. A good time to do this exercise is in the evening after tea, or, if the child is young enough to be put to sleep, do the first part before he goes to sleep and the second part when he wakes up.

EXERCISE II

Standing upright, lean forward and gently drop the arms full length quite loosely; gently clap the hands together in this position and shake them to feel that all the muscles are quite loose. This will bring the weight rather more forward than backward in standing. Now, without shifting the trunk position, bend the elbows softly and touch the side of the chest with the back of the fingers; repeat this movement

four or five times till everything is slack and loose. The feet need not be too close together, but should not be stuck out in a drill position.

EXERCISE III

Take the position at the end of No. II quickly and lightly, and breathe out a long, slow breath, making all the time the soft sound of "hah" without any scrape or noise in the throat. What is wanted is just the sound we make when we breathe on our fingers to warm them. Follow this by the same length of inward breathing, swinging the sides of the chest gently out and letting the fingers lift off the chest as you do so. The inward breath must, of course, be through the nose, the outward first through the nose and later with a clear sound through the mouth. Give the command, as in Exercise I, "breathe in, breathe out", etc. Practise the double movement three times, rest two seconds; repeat three times, rest; repeat three times, stop. Do these nine perfect movements three times a day. It is very important not to put the hands high up under the arms or on the hips, the right place is just below the level of the chest bone but at the sides—under a boy's waistcoat pocket is about the right place.

EXERCISE IV

When the rib movement has begun to be fairly easy, practise a swing back and forward up the front

of the chest, one hand at the waist and one hand on the chest about a hand's breadth from the beginning of the neck. Poise the figure well forward, as in No. II, and make all the muscles quite loose, lifting and turning the head softly to be sure that nothing is stiff or jerky. Now count aloud: "one two, one two, one two, one two", and at each "one" draw in quite gently the muscles under the lower hand, letting them out again at "two". This movement must never be done without counting and should be repeated nine times. Then relax and breathe. The child must not breathe consciously in and out during the exercise, but neither must he hold his breath—if it is done properly he will draw in a little breath quite noiselessly after each "two". Above all, he should never breathe in while he is sounding the numbers

EXERCISE V

Repeat Exercise III, but this time, after breathing in, shift the right hand to the same position as in No. IV and breathe out gently, drawing in the muscles under that hand and keeping the ribs quite quiet. Here is the exercise once more. Hands on ribs, relax; breathe out, breathe in, right hand on abdominal muscles, breathe out, keeping the ribs out under the left hand and drawing the muscles under the right hand gently in.

These exercises will need to be practised regularly

every day for about two years. It is much better not to begin working at them till you have had an opportunity of seeing them taught by a trained teacher. Three points are important: never stiffen any muscle, always make the movements in either direction equal in power, never hurry, and always keep good rhythm.

### First Voice-Sounds

Exercise VI

Repeat Exercise III but breathe out one after the other on these sounds: "oo" as in "moon", "oh" as in "no", "aw" as in "caw"; make each breath sound very low in pitch, again just as if you were breathing on your fingers for warmth. Stretch the child's right hand out loosely with the fingers very level and make him raise it and lower it while breathing out on each sound, then raise it at "oo" and lower it at "oh", raise it at "aw" and then go on to the sounds of "ah", as in "half", "ay", and "ee". The sound of the vowels will gradually get higher as they are whispered. Repeat this hand-movement exercise for each vowel. Put them into groups until the child can speak up and down "hoo" "ho"—"haw" "ha"—"hay" "he". "Hoo" should have the lips rounded to the size of the little finger, "ho" to the size of the thumb, "haw" well away from the thumb, "ha" should have the lips left quite loose and the tongue

resting against the lower front teeth. So far, there should be no tongue movement used. Now, keeping the lips as at "ha", press the tip of the tongue a little harder against the lower front teeth and let it arch itself up and you will get the succession "hay", "he". On the last, while the tongue tip still touches the lower teeth, the tongue is arched almost to the roof of the mouth. It will take about two months to learn to make these sounds perfectly. The exercise should be begun as soon as numbers I and II begin to get easy.

### Exercise VII

Sing the vowels instead of breathing them, and go up and down the scale following the hand movement, in a long glide about an octave up and down, until six loops can be made, ending at the high "ee".

### Exercise VIII

Drawl on the same tones the sentence, "Do you know all are e-ven". Repeat in the same manner two or three simple sentences, beginning on a low note—"How do you do", etc.

## First Exercise in Word-Making

### Exercise IX

Speak the clock round in very steady rhythm—one o'clock, a quarter past one, half-past one, a quarter to two, two o'clock, a quarter past two, etc. Make

the voice rise and fall a great deal in saying these sentences and let the child look at the clock or at a watch while he is speaking. When this is nicely done, add "Now you see, you have been talking for three minutes without sticking once". After doing this, casually ask the child what the time is, or ask him at what time he does a particular thing, or when the postman comes, and try to get a nice rising and falling answer from him in the same way.

No correction of consonants or repeating of words which have been found difficult to speak must be given, but sometimes it is good practice to sing funny little sentences like this:

Such a judge of blue and white
And other kinds of pottery
From ancient oriental down
To modern terra cottery
Put in half a guinea I
Am going at a lottery
So good an opportunity may not occur again.

or

Grasshoppers four a-fiddling went,
Heigh-ho! never be still!
They earned but little towards their rent
But all day long with their elbows bent
They fiddled a tune called Rilloby-rilloby,
Fiddled a tune called Rilloby-rill.

Ah, but nobody now replied,
Heigh-ho! never be still!
When day went down the music died,
Grasshoppers four lay side by side,
And there was an end of their Rilloby-rilloby,
There was an end of their Rilloby-rill.

You can make up sentences about people a child sees:

> A little man in a red trimmed coat
> Brings letters to every house by rote.

Try to get the child to make up these sentences for himself.

Teach all the old nursery rhymes with a good jingling swing: Dickory, Dickory Dock, Ba-Ba Blacksheep, Ride-a-Cock-Horse, etc., verses from the *Bad Beasts Book*, by Hillaire Belloc, like "The Elephant":

> When people call this beast to mind,
> They marvel more and more
> At such a little tail behind
> So LARGE a trunk before.

Go on to easy exercises of verse, first speaking with the child, gradually letting your voice die away while his goes on, and helping the beginnings of sentences or bits where the words are difficult.

EXERCISE X

Take a very simple reading book with large print. Hold it with the child and read steadily with him, breathing in at the beginning, reading a tiny phrase and letting all the breath out completely at the end of the phrase, so: "All the boys . . . in the stable . . . rise . . . at the same hour . . . from half-past two . . . in spring . . . to between four . . . and five . . . in the depth . . . of winter. The horses hear them . . . and

neigh . . . to show . . . they want to be fed." All the air left in the lungs must be puffed out at the end of each phrase.

EXERCISE XI

Gradually make the sentences longer so that at last you do the breathing only on the punctuation marks. Let your voice gently die and let the child go on reading alone with your help always ready. If this exercise is badly done by a child of ordinary school age, six or seven, it would be a good thing to have the eyes tested to make sure that glasses are not needed.

EXERCISE XII

Exercises on concentration; rapid colour answers. The teacher asks the questions very quickly and the child must answer as quickly. There is only a pause of a second for the answer and then the teacher goes on to the next question without waiting. As soon as the child has caught up with one sentence, go back again to those he missed.

| *Q.* | *A.* |
|---|---|
| The colour of grass is? | Green |
| The colour of your hat is? | Blue |
| The colour of snow is? | White |
| The colour of coal is? | Black |
| The colour of a soldier's coat is? | Red, etc. |

Use more and more difficult things as you go on—portions of the child's dress, the colour of eyes and

hair, the binding of books—always with the one idea that the child is to think only of what he wishes to say and have no time to consider what letters he will or will not stick on. This exercise can be modified in many ways. Pairs:

| *Q.* | *A.* |
|---|---|
| What goes with fork? | Spoon |
| What goes with bread? | Butter |
| The opposite of man is? | Woman, etc. |

EXERCISE XIII

Gaps in story-telling. "We are going to tell a story about a boy who went for a walk. This boy, one fine, spring morning, came out of the ——(1) and walked along the ——(2). Presently he came to a most beautiful wood and he saw growing a lovely ——(3), etc.

(1) House, (2) street or road, (3) tree.

In this exercise the teacher must be very quick to catch up the child's answer, as the stammering child will hardly ever give the answer expected of him and the story must turn about and change so as to fit in with his answer. *No answer given by the child must ever be wrong.*

EXERCISE XIV

Going shopping. The teacher keeps the shop, the child buys. The child chooses the shop. The shopping always begins with "Good morning". If the

child stops the teacher takes up, "What can I show you this morning?" When the child has asked for something, questions should be given which allow him to repeat a word given. Example: "A pound of tea, please." "Tea? At 1s. 9d. or 2s. 3d.?" The child will naturally repeat "1s. 9d." or "2s. 3d." for his answer.

### Exercise XV

Telephoning practice. This is very much helped by a toy telephone, and, with older children, when it has been done for some time in one room, a house telephone, out of hearing, may be used. The teacher is the exchange at first, and all proper questions and answers must be carried out, including an occasional wrong number or other mistake which the child will enjoy making. This exercise is extremely difficult and must be discontinued many times when it seems to bother the patient; but after a little time, say about six weeks, it will become quite easy and the child will cease to panic at the sight of the receiver.

### Exercise XVI

Miming exercises. Act in dumb show a nursery rhyme or short story. Example: Three (finger counting) blind (touching eyes) mice (finger movements following mice running about the floor). See how they run (same movements applied to the whole body). They all run after the farmer's wife (the farmer's wife, very frightened, takes refuge on a

chair). She cut off their tails with a carving knife (the farmer's wife finds the knife, looks along the edge, makes three little dabs at the mice's tails, puts down the knife, gets off chair, and watches the mice safely back into their holes, giving a sigh of satisfaction). Then repeat the action of the first line—three blind mice.

No words of any kind are spoken by teacher or child. The directions are given in dumb show. This plan is also a good one to follow in giving directions after the physical exercises have become fairly familiar. Ballads and quite long stories can be mimed in this way by intelligent children. The object of the exercise is still further to concentrate attention on thought and withdraw it from word mistakes.

Exercise XVII

Gossiping exercise. This can be played in two ways. If there is a good window from which the child can look, teacher and child stand there and the teacher begins talking quickly and softly, telling the story of what can be seen from the window. "I see a red motor-bus going along the road. It is quite full. One man has such a funny hat. Now it is stopping because of the traffic. A greengrocer's cart is coming up behind it with a nice little pony trotting so fast. Now a butcher's boy goes by on his bicycle. He has some joints of meat in the carrier. I wonder to which house he is going?" Presently get the child

to chime in and finish some of the sentences, talking at first half a word behind the teacher and filling in occasional gaps. Then it is the child's turn. "Now you tell me." Now the teacher chimes in, helping the child over difficulties, trying who can see most and tell the most amusing story. The same exercise can be done walking round the room. Example: "Now we go for a walk. Here are some desks. Somebody has been carving names on them. There is the *bookcase*. What a lot of *books*. Here is the electric switch. Shall we turn it on? Here is another *chair*. Not very comfortable. Suppose we *sit down* and try. Now we come to the *door*, etc." All these words in italics can be anticipated by the child. Quite tiny children can play this game if things like birds and flowers are used, and a picture-book can be substituted for real things or words if the child cannot read.

### Exercise XVIII

The repetition of the seven rules—which are given after each appropriate exercise—to be gone through at the end of the lesson, consecutively; the lesson ends with a repetition of the breathing exercises.

#### The Seven Rules

1. Always speak with the chest full.
2. Always speak from the "Press."
3. Always make a good voice in speaking.
4. Never worry about special words or letters.
5. Never be afraid to speak when you want to.
6. Never get excited when you speak.
7. Do the breathing practice every day.

## SECTION III

## CURATIVE WORK AT SCHOOL AGE

If the work of training is in the hands of anyone conversant with modern psychology, it may be important to notice that there should be no attempt to push the suggestion or analysis used too far. Apart from the conditions which have led to his stammer, the stammerer is usually in no way abnormal. Dreams are important, but usually very easy to disperse. The following typical case will illustrate this point.

Case IV.—Twin sisters, A and B, were working in a speech class. They were true twins, almost indistinguishable, rather emotional in type, and about eighteen years of age at the time when observations were taken. One spoke normally, though without great distinction, and, like her sister, was rather subject to bad outbreaks of temper. She was the dominant twin. The other had a terrible stammer which troubled her greatly, and which she had made every effort to cure. Having tried several methods, B was extremely disinclined to take training. The girls were Norwegian by birth and were working with English girls to improve their pronunciation. A very slight analysis discovered a vivid fear-dream, taking the form of pursuit. Its origin dated to an early spring visit to a lonely sæter with an old servant, to open up the house for the family's summer residence. The

curtains and blinds were not fixed in the windows. Towards evening an unpleasant-looking tramp came and begged at the door when the two girls were alone. He was sent away by the maid, but refused to leave and kept coming back to the house and looking in through different windows in a manner which terrified both the girls. They spent most of the night going from room to room to avoid him. This condidition returned constantly in B's dreams, and the stammer dated from a period about three weeks after the incident. She had never told anyone of the dream or spoken much of the fear, as the family were inclined to laugh at the whole thing as mere imagination. After a very short period of discussion and analysis the dream ceased, and had not returned eighteen months later. The stammer had gradually improved and the fits of temper had almost disappeared when the girls returned to their own country and the case could not be further studied.

The use of a questionnaire in skilled hands is extremely valuable, and analysis by word association gives very good results. A series of words are read out fairly rapidly and the child is instructed to respond with another word. It is generally best for the stammerer to do this in writing. The word given is the stimulus word, the answer is the response. If any of the words strike some mental trouble in the patient's mind, either a very slow answer will be given or a very curious answer. Unintelligent

children simply give pair words like "bread", "butter", "dog", "kennel". Dr. Boome gave the following instance of an association test at the Conference on Speech Training in 1927.

CASE V.—"As an example of the discovery of conflict through the use of this method, I should like to quote the case of a Jewish boy of fourteen years of age. When this boy first joined the class he was very antagonistic, his manner was truculent and at times decidedly rude. The word-association test gave the following clues:

| | |
|---|---|
| Friendly | Enemy |
| Pride | Tears |
| Sin | Punishment |
| Pity | Kindness |
| Falling | Hurt |
| Sad | Lonely |
| Friend | Enemies |
| Fear | Strength |

His older brother had always bullied him, at home and at school. At school he set masters as well as boys against L (the stammerer). The stammerer is now in a central school without his brother and is very happy there. His manner in the class quite changed after talking over his difficulties. He is now completely cured, having returned several times to report progress."

The treatment of a stammerer when in class with other boys presents great difficulties. To ignore his stammer, pass him over in class questions and dis-

courage him from speaking, is likely to develop the stammer into a "defence".

CASE VI.—A young man trying to enter Sandhurst just before the war came to be treated for a stammer. His progress was startlingly rapid, but one day he explained with much hesitation that his real difficulty was in speaking French. This is unusual, because a foreign language can often be spoken perfectly where the native speech is quite inhibited. On examination it proved that he had deliberately exaggerated a slight tendency to stammer in his French classes because he detested speaking French, and if he stammered while attempting to do so the kind-hearted professor excused him from further work. The stammer, originally adopted as a means of defence, became quite uncontrollable, and it was necessary to give him some weeks' residence in France before the association between his hesitation and any attempt at expressing himself in French could be broken.

The best course in regard to schoolboys is to give them every opportunity of individual training which is possible, to substitute written for spoken answers wherever this can be done without increasing self-consciousness. If possible, choral singing should be practised and, in class answering, the question given should admit of a very short and definite answer. A few minutes' practice with a boy alone will probably induce him to give his answer on a

definite time beat, breathing on the last word of the master's question and answering the moment the chest is full of air. No attempt should be made at the construing of long passages, but the boy might constantly be asked to provide a variant word instead of that used by a fellow scholar. The habit of rapid word substitution is strongly to be encouraged.

The boy who remains suspended on the initial consonant of "banner" should have changed rapidly to "flag", instead of pursuing the difficulty. It is very difficult to convince a stammerer of this. "I feel I have got through so far, and if I stop and go back I shall have to go through it all again on another word." Clear explanation of the nature of the defect is important. If the class can be switched on to unison repetition at the point when the stammerer's turn comes on, it is very useful; anything that will make him feel that he has not been singled out, either by being let off too easily or by being tormented with too much criticism.

All the exercises given for younger children can be modified for the use of older boys and girls. In the case of girls, the practice of verse speaking is by far the most useful method of cure. In the case of boys, acting is very useful. The part chosen should be what is called a "character" part, and should admit of a good deal of artificial speech, an assumed voice, or exaggerated clowning. It is a tremendous relief to the stammerer that an audience should laugh

with him and not at him. The chief obstacle, as is shown in Cases II and V, is the attitude of the boys to a stammering schoolmate. It is this which the master must try to modify by example and, if necessary, by strong criticism. The fact that the boy sticks should be taken entirely as a matter of course —just as much as if it were only a case of his voice "breaking". When that actually takes place very careful voice training should be given. The stammerer often retains his falsetto voice, or lapses into an utterly monotonous, gruff utterance. A greater period of rest than that enjoyed by the ordinary boy is desirable. If possible, two things should be achieved—some definite source of self-satisfaction through success should be provided for the patient, and some attempt should be made to give him the kind of responsibility which gives a certain sense of superiority over others.

Questionnaires are particularly valuable at this age (see page 55). The order of practice should be: breath flexibility, breath control, good voice attack, good vowel shaping, strong practice of vocal variety, prepared public speaking, acting, recitation. Examples I to VI are particularly suitable. The seven rules should be taught, and the special advice constantly repeated by teacher and pupil:

You stammer because you are afraid of stammering.
This makes you notice particular letters and think—"I shall stick on that letter", instead of thinking of what you want to say.

Then you get in the habit of stammering, and do it whether you are afraid or not.

You are practising in these classes to

1. Take away the fear.
2. Cure the habit.

The reason the fear was able to make you stammer was that you breathed badly; that is why you have to practise so much breathing here.

Keep these SEVEN rules:

1. Always speak with the chest full.
2. Always speak from the "Press".
3. Always make a good voice in speaking.
4. Never worry about special words or letters.
5. Never be afraid to speak when you want to.
6. Never get excited when you speak.
7. Do the breathing practice every day.

NOTE:

You CAN be cured
You WILL be cured } if you work HARD.

KEEP COOL. MEAN WHAT YOU SAY.

It is most important to enlist the help of parents at this stage. The introduction should be brought to their notice, and the causes of the individual case fully explained.

## SECTION IV

## SELF-CURE AT A LATER AGE

THE older stammerer will do well, if possible, to place himself under the direction of a teacher to begin his cure, but if the feeling exists that the patient must cure himself, these lessons should be neither too numerous nor too long continued. The first two or three might take the form of a discussion to remove from the patient's mind certain misconceptions:

(*a*) That stammering is a disease.
(*b*) That it makes him different from other people.
(*c*) That it is "hereditary" in the direct sense.
(*d*) That certain letters are specially difficult to him.
(*e*) That his stammering is due to the peculiar shape of his tongue or of his mouth.
(*f*) That he must think about it constantly in order to control it.

The adult stammerer generally announces, as if it were an extraordinary discovery, that he believes his trouble to be due to nerves. The introduction to this book is useful in order to make it clear that this is always the case. The stammerer is generally anxious to give lists of all the sounds with which he has difficulty, and of a number of circumstances which specially predispose him to stammer. All these should be listened to patiently and cleared up. There is always the strong feeling that someone else is to blame for the stammer. This may be true, but

it must be pointed out that hundreds of people have been through the same experience and have not stammered, that there is no reason why he should allow another person's stupidity to spoil his life, and that now he is older he can master his own character and overcome his trouble. The gossiping exercise given on page 52 is particularly useful for adult stammerers. They should be encouraged to do it when they are alone, and as they go about it is a good thing for them to think very definitely in words. For instance, to name silently to themselves the exact character of every shop they pass in a long street, thinking of the actual words but not attempting to articulate them. Or again, mentally fixing an epithet to the face of every person they meet, either critical or laudatory, or referring to an imagined likeness to some other creature. A habit of constantly filling the attention with direct observation of persons and things has a tremendous effect in restoring confidence.

Three ordinary habits may be modified: a stammerer seldom looks anyone straight in the face. He should be encouraged to do so, looking, however, not into the other person's eyes, but just between his eyebrows, and always noticing the shape and character of their lines. The stammerer rarely, if ever, shakes hands firmly and gently. He should practise this with everybody he meets. The stammerer seldom walks easily and erectly. He should

make himself look at things well above his head as he walks along.

A certain amount of good physical training, fencing, or boxing, is an enormous help. The order of practice should still be the same: breathing, voice, variety of pitch, confident full tone. Particularly useful exercises are the telephoning exercise—carried on, if possible, with a friend over real instruments—declamation of set passages alone or in a voice-training class, and rapid word substitution. The stammerer should be encouraged, after the beginning of his training, never to allow a stranger to guess that he stammers.

It is extremely important that no false suggestion should ever be given to a stammerer. The well-known "secret cures" advise the stammerer to snap his fingers when he feels inclined to stammer, to use a very high-pitched voice, to chant and to mouth his words with some degree of exaggeration. It is quite true that the diversion of attention due to these practices may give a temporary relief, but as soon as they are known to be tricks their effect will disappear, and the stammerer will fall back into despondency and self-depreciation. Constant intercourse with people very much above him in intelligence, in position, or in efficiency, is very bad for the stammerer. Protective responsibility, on the other hand, is the greatest possible help. The care of an animal, the cultivation of a garden, the

organisation of some group activity, all these help markedly.

In the class teaching of adults it is important that each patient should be given the opportunity of leading the others and taking them through their exercises. Very full inquiry should always be made into

1. Family relationships.
2. Business surroundings.
3. Opportunities for leisure and distraction.

A written statement of his difficulties is often a great relief to an adult stammerer, and an effort should be made to discuss them point by point. When once a course of exercises is begun they should be carried through with great exactness and with few pauses for criticism or explanation.

An ideal lesson is one in which the patient is kept moving, talking, or working, with regular pauses for silent relaxation, and never given an opportunity of stammering once during the whole course of the lesson.

Finally, it must be remembered that for the adult stammerer the only hope of cure lies in auto-suggestion. Hypnotism is of no permanent use.

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